

**Kevin Zorc**  
Fire Chief



**Gina Elko**  
Fire Captain

**Chad Motz**  
Ocean Rescue Captain

**John Harris**  
Fire Captain

**John Kenny**  
Fire Captain

**Shane Hite**  
Fire Captain

**Chip Holcomb**  
Fire Captain

## **Nags Head Fire & Rescue**

Post Office Box 99  
Nags Head, North Carolina 27959  
Phone 252.441.5909  
Fax 252.441.8268  
[www.townofnagshead.net](http://www.townofnagshead.net)

**Steve Kovacs**  
Fire Captain

### **AUTHORIZATION FOR RELEASE OF RECORDS**

In order to determine my suitability as a Nags Head Firefighter/EMT, the Nags Head Police Department, North Carolina Department of Justice, will conduct a comprehensive personal background investigation.

I, \_\_\_\_\_, do hereby authorize any military organization, physician, insurance company, educational institution, governmental agency, bank or credit agency, former or present employer and any other person or entity or furnish to the Nags Head Fire Department and all available information requested pertaining to me. I hereby release any and all persons from any civil or criminal liability whatsoever for releasing information pursuant to this Authorization for Release of Records.

Furthermore, I specifically authorize the Nags Head Fire Department to disclose any information obtained, discovered or possessed by it as may be required or authorized by law. I further authorize disclosure by the Nags Head Fire Department of any information in its possession to the extent that such disclosure is made to another law enforcement or criminal justice licensing or regulatory agency or is needed or requested for criminal justice investigatory or employment purposes.

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public in and for said County and State do hereby certify that \_\_\_\_\_ did personally appear before me this day and acknowledge the due execution of the foregoing instrument in writing for the purpose therein expressed.

WITNESS my hand and notaries seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_